PTC/SB/17 (05-07)

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Conc. consequent to	Effective on 12/08/2 the Consolidated Appropr	t-d-stanking king	Complete if Known Application Number 10/019,949-Conf. #6273				
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r E	E TRANSI	Filling Date First Named In		January 7, 2002 Kazuhiro NAKASHIMA			
	For FY 20	***************************************	Examiner Name G. Gabel				
Applicant claims small entity status. See 37 CFR 1.27			4044			100000000000000000000000000000000000000	***************************************
TOTAL AMOUNT OF PAYMENT (\$) 500,00			700038			***************************************	
		Afforney Docket No. 0397-04389					
METHOD OF	F PAYMENT (check a	all that apply)		······			***************************************
Clieck Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17							
FEE CALCU	LATION	***************************************			~~~		***************************************
1. BASIC FILIN	ig, search, and ex					***************************************	
	FIL		ARCH FEES		ATION FEES	3	
Application T	уре <u>Fee (\$)</u>	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
Utility	300	150 500		200	100		*********
Design	200	100 100	50	130	65	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Plant	200	100 300	150	160	80	***************************************	
Reissue	300	150 500	250	600	3(x)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES Small Entit							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						50	25
Each independe Multiple depen					200	100	
•		Facility Kon	Paid (\$)	80	Samuel at men	360	180
10381 Comms	Total Claims Extra Claims Fee (\$) Fee I				ultiple Dependent Claims e (\$)		`
HP = highest num	ther of total claims paid for.	if greater than 29.		تنشط		likkii mimiar.	ž.
Indep, Claims	Extra Claims	Fee (\$) Fee i	Paid (\$)				
HP = highest num	ber of independent claims p	paid for, if greater than 3.	· · · · · · · · · · · · · · · · · · ·				
listings und	ation and drawings exc ler 37 CFR 1.52(e)), th	ceed 100 sheets of paper he application size fee du 5 U.S.C. 41(a)(1)(G) and	re is \$250 (\$125 t	onically file for small ent	od sequence or tity) for each a	computer dditional 50)
Total Sheet			additional 50 or frac			FeeF	<u>'aid (\$)</u>
- 100 = /50 × (round up to a whole number) x							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1401 Notice of appeal 500.00							
SUBMITTED BY			***************************************	***************************************	***************************************		
Signature	Garage Colorado	L. 44: 9:535	Registration No. (Attorney/Agent)	32,181	Telephone	(703) 205-8000	
Name (Print/Type)	Marc S. Weiner	and the second s	1. C.		Date	June 4, 2007	

*Extensions of one (1) month and remaining two (2) months were previously requested and paid for on March 30, 2007 and May 10, 2007 in the instant application. Thus, no fee is required to obtain at this time.